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HEALTH CARE FACILITY

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PRINTED: 05/16/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/12/2011
NAME OF PROVIDER OR SUPPLIER UNITED REGIONAL MEDICAL CENTER NURSII		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 MCARTHUR DRIVE MANCHESTER, TN 37355			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 415	<p>1200-8-6-.04(10) Administration</p> <p>(10) When licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee.</p> <p>This Rule is not met as evidenced by: Based on personnel record review, facility policy review, and interview, the facility failed to offer a Hepatitis B vaccine to five new employees of five personnel records reviewed.</p> <p>The findings included:</p> <p>Review of five new employees personnel records revealed no documentation the five employees had been offered the Hepatitis B vaccine.</p> <p>Review of the facility's policy Hepatitis B Vaccination revealed "...our facility provides, at no cost to employees, vaccination against hepatitis B to those employees who have not previously received the vaccine series...."</p> <p>Interview with the Human Resource/Payroll Director on May 12, 2011, at 8:30 a.m., in the dining area confirmed the facility had failed to ensure the hepatitis B had been offered to five new employees.</p>		N 415	<p>N415</p> <p>All employees will have the Hep B vaccination screening and declination in their employee file by 6/3/11. This will be completed by the HR Director.</p> <p>The HR Director will be in-serviced on 5/20/11 regarding adding this information to all employee files now and in the future. All residents have the potential to be affected.</p> <p>The BOM or her designee will continue to monitor the corrective action to ensure effectiveness of this action by performing random audits of all employee files weekly times four weeks. If no further issues are identified random audits will occur monthly to ensure compliance.</p> <p>The results of these audits will be reported to the QA Committee quarterly. The QA Committee will make recommendations and develop an action plan if areas of noncompliance are noted. The QA Committee meets quarterly and consists of the Administrator, DON, Assistant DON, MDS Coordinator, Medical Director, Maintenance Director, Social Services, Activity Director and others as indicated.</p>	6/3/11

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE

Administrator

(X6) DATE

5/23/11

6829

QZPF11

If continuation sheet 1 of 1